

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>4209</b>	2. Fiscal Year Covered From: <b>1 / 1 / 05</b> Through: <b>12 / 31 / 05</b>
3. Name and address of person filing. Name <b>GEORGE D ROGERS</b>  P.O. Box, Bldg., Room No., if any <b>SUITE B</b>  Street <b>18096-KINGS ROW</b>  City <b>HOUSTON</b>  State <b>TEXAS</b> ZIP Code + 4 <b>77058</b>	4. Name, file number, and address of labor organization. Name <b>INT'L. BROTHER. OF BOILERMAKERS</b>  Labor Organization File Number <b>000-074</b>  P.O. Box, Building and Room Number, if any <b>STE. 570</b>  Street <b>753-STATE AVE.</b>  City <b>KANSAS CITY</b>  State <b>KANSAS</b> ZIP Code + 4 <b>66101</b>
5. Position in labor organization. <b>INTERNATIONAL VICE PRESIDENT</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income.          7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u><b>George D. Rogers</b></u>	On <u><b>3/16/06</b></u> <u><b>281-333-0423</b></u> Date Telephone Number

Name of Person Filing <b>GEORGE D. ROGERS</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any)</p> <p>Name <b>BOILERMAKERS NATIONAL FUNDS</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>STE. 522</b></p> <p>Street <b>754 - MINNESOTA AVE.</b></p> <p>City <b>KANSAS CITY</b></p> <p>State <b>KANSAS</b> ZIP Code + 4 <b>66101</b></p>	<p>9. Business deals with.</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing</p> <p><b>NATIONAL BENEFITS: PENSION- ANNUITY- HEALTH &amp; WELFARE JOINTLY TRUSTED</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$ 7.7 B</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>1105 PENSION - ANNUITY TRUST HEALTH &amp; WELFARE ADMIN. HOTEL, AIR FARE, MEALS, ETC. DIRECT EXPENSE REIMBURSEMENT</b></p> <p>12.b. Amount. <b>\$ 6484.32</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>

Name of Person Filing

GEORGE D. ROGERS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BOILERMAKERS NAT'L FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any STE. 522

Street 754 - MINNESOTA AVE.

City KANSAS CITY

State KS. ZIP Code + 4 66101

9. Business deals with

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing

NATIONAL BENEFITS: PENSION-  
ANNUITY - HEALTH & WELFARE

JOINTLY TRUSTED

11.b. Approximate dollar value of such dealing.

\$ 7.7B

12.a. Nature of interest held or income received.

3/05 - TRUSTEE MEETINGS  
HEALTH & WELFARE - PENSION-  
ANNUITY - AIRFARE, HOTEL,  
MEALS, ETC.  
DIRECT EXPENSE REIMBURSEMENT

12.b. Amount.

\$ 2580.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

GEORGE D. ROGERS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BOILERMAKERS NAUT. FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any STE. 5522

Street 754- MINNESOTA AVE.

City KANSAS CITY

State KS ZIP Code + 4 66101

9. Business deals with

X a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing

NATIONAL BENEFITS: PENSION -  
ANNUITY - HEALTH & WELFARE

JOINTLY TRUSTED

11.b. Approximate dollar value of such dealing.

\$7.7B

12.a. Nature of interest held or income received.

4/05 PENSION INVESTMENT  
COMMITTEE MEETING  
AIRFARE, HOTEL, MEALS, ETC -  
DIRECT EXPENSE REIMBURSEMENT

12.b. Amount.

\$1083.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

GEORGE D. ROGERS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BOILERMAKERS N.A.T. FUNDS

Trade Name, if any:

P O. Box, Bldg., Room No., if any STE- 522

Street 754-MINNESOTA AVE.

City KANSAS CITY

State KS. ZIP Code + 4 66101

9. Business deals with

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

NATIONAL BENEFITS: PENSION-  
ANNUITY, HEALTH & WELFARE

JOINTLY TRUSTED

11.b. Approximate dollar value of such dealing.

\$7.7B

12.a. Nature of interest held or income received.

4/05

HEALTH & WELFARE PLAN DESIGN  
COMM - AND JOINT COMM.  
ON ADMIN. MEETINGS  
AIRFARE, HOTELS, MEALS, ETC.  
DIRECT EXPENSE REIMBURSEMENT

12.b. Amount.

\$794.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

GEORGE D. ROGERS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)

9. Business deals with

Name BOILERMAKERS NAT'L FUNDS

Trade Name, if any:

P O Box, Bldg., Room No., if any STE 522

Street 754 - MINNESOTA AVE.

City KANSAS CITY

State KS.

ZIP Code + 4 66101

X a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing

NATIONAL BENEFITS: PENSION-  
ANNUITY, HEALTH & WELFARE

JOINTLY TRUSTED

11.b. Approximate dollar value of such dealing.

#7.7B

12.a. Nature of interest held or income received.

6/05 - BARGAINING COMM -  
CONTRACT NEGOT. - MEETING  
WITH DOL (ANNUITY)  
AIR FARE, HOTEL, MEALS, ETC.  
- DIRECT EXPENSE REIMBURSEMENT

12.b. Amount.

\$1280.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

14.a. Nature of payment

Name

Trade Name, if any:

P O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing <b>GEORGE D. ROGERS</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>BOILERMAKERS NALT. FUNDS</b></p> <p>Trade Name, if any:</p> <p>P O Box, Bldg., Room No., if any <b>STE-522</b></p> <p>Street <b>754-MINNESOTA AVE</b></p> <p>City <b>KANSAS CITY</b></p> <p>State <b>KS.</b> ZIP Code + 4 <b>66101</b></p>	<p>9. Business deals with</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>NATIONAL BENEFITS: PENSION- ANNUITY, HEALTH &amp; WELFARE</b></p> <p><b>JOINTLY TRUSTED</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>\$7.7B</b></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><b>6/05 -TRUSTEE MEETINGS -PENSION- ANNUITY - HEALTH &amp; WELFARE AIRFARE, HOTEL, MEALS, ETC- -DIRECT EXPENSE REIMBURSEMENT</b></p> <hr/> <p>12.b. Amount. <b>\$2183.</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>

Name of Person Filing <b>GEORGE D. ROGERS</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any)</p> <p>Name <b>BOILERMAKERS NALT FUNDS</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>STE. 522</b></p> <p>Street <b>754 - MINNESOTA AVE.</b></p> <p>City <b>KANSAS CITY</b></p> <p>State <b>KS.</b> ZIP Code + 4 <b>66101</b></p>	<p>9. Business deals with</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing</p> <p><b>NATIONAL BENEFITS: PENSION- ANNUITY &amp; HEALTH &amp; WELFARE</b></p> <p><b>JOINTLY TRUSTED</b></p> <p>11.b. Approximate dollar value of such dealing <b>\$ 7.7B</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>6/05 - BARGAINING COMM- CONTRACT NEGOT. AIR FARE, HOTEL, MEALS, ETC. -DIRECT EXPENSE REIMBURSEMENT</b></p> <p>12.b. Amount. <b>\$1068.</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>



Name of Person Filing

GEORGE J. ROGERS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)

Name BOILERMAKERS NAUT. FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any STE. 522

Street 754 - MINNESOTA AVE.

City KANSAS CITY

State KS. ZIP Code + 4 66101

9. Business deals with

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing

NATIONAL BENEFITS: PENSION -  
ANNUITY - HEALTH & WELFARE

JOINTLY TRUSTED

11.b. Approximate dollar value of such dealing.

\$ 7.7 B

12.a. Nature of interest held or income received.

9/05 TRUSTEE MEETINGS -  
HEALTH & WELFARE - PENSION  
AIR FARE, HOTEL, MEALS, ETC -  
-DIRECT EXPENSE REIMBURSEMENT

12.b. Amount.

\$ 2132.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment

Name of Person Filing <b>GEORGE D. ROGERS</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name if any).  Name <b>BOILERMAKERS NALT. FUNDS</b>  Trade Name, if any  P.O. Box, Bldg., Room No., if any <b>STE. 522</b> Street <b>754 - MINNESOTA AVE.</b> City <b>KANSAS CITY</b> State <b>KS.</b> ZIP Code + 4 <b>66101</b>	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	11.a. Nature of such dealing <b>NALT. BENEFITS: PENSION- ANNUITY - HEALTH &amp; WELFARE</b>  <b>JOINTLY TRUSTED</b>  11.b. Approximate dollar value of such dealing. <b>\$ 7.7 B</b>  12.a. Nature of interest held or income received. <b>12/05 HEALTH &amp; WELFARE TRUSTEE MEETING</b>  <b>MILEAGE (personal car), meals</b>  12.b. Amount. <b>\$ 123.</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any.  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	14.a. Nature of payment          
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment

Name of Person Filing <b>GEORGE D. ROGERS</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent; or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any)</p> <p>Name <b>BOILERMAKERS NATIONAL APPRENTICESHIP PROGRAM</b></p> <p>Trade Name, if any: <b>BNAP</b></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>1017 - N. 9th STREET</b></p> <p>City <b>KANSAS CITY</b></p> <p>State <b>KS.</b> ZIP Code + 4 <b>66101</b></p>	<p>9. Business deals with</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing</p> <p style="text-align: center;"><b>NATIONAL APPRENTICESHIP TRAINING</b></p> <p style="text-align: center;"><b>JOINTLY TRUSTED</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>\$3.4M</b></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;"><b>5/05 - SEM. - ANNUAL TRUSTEE MEETING</b></p> <p style="text-align: center;"><b>AIR FARE, HOTEL, MEALS, ETC-</b></p> <p style="text-align: center;"><b>- DIRECT EXPENSE REIMBURSEMENT</b></p> <hr/> <p>12.b. Amount. <b>\$868.</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment</p>
<p>13 b. Is the Business an Employer or Consultant ?</p>	<p>14 b. Amount of payment</p>

Name of Person Filing

GEORGE D. ROGERS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

BOILERMAKERS NATIONAL  
APPRENTICESHIP PROGRAM

Trade Name, if any:

BNAP

P.O. Box, Bldg., Room No., if any

Street

1017 - N. 9th STREET

City

KANSAS CITY

State

KS.

ZIP Code + 4 66101

9. Business deals with.

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing

NATIONAL APPRENTICESHIP  
TRAINING

JOINTLY TRUSTED

11.b. Approximate dollar value of such dealing.

\$3.4m

12.a. Nature of interest held or income received.

9/05 - SEMI-ANNUAL TRUSTEE  
MEETING - NAUT. COMPETITION  
AND AWARDS.

-DIRECT EXPENSE REIMBURSEMENT

12.b. Amount.

\$572.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment

Name of Person Filing

**GEORGE D. ROGERS**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)

Name **MOBILIZATION - OPTIMIZATION -  
STABILIZATION & TRAINING**Trade Name, if any **MOST**P O Box, Bldg., Room No., if any **STE. 800**Street **753 - STATE AVE.**City **KANSAS CITY**State **KS.** ZIP Code + 4 **66101**

9. Business deals with

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any

P O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing

**NAUT. MANPOWER RESERVE - WELD  
TESTING - DRUG TESTING - SAFETY  
TRAINING - RESPIRATOR FIT, ETC.****JOINTLY TRUSTED**

11.b. Approximate dollar value of such dealing.

**\$ 12M**

12.a. Nature of interest held or income received.

**2/05 TRUSTEE MEETING - OWNER  
ADVISORY COMM. MEETINGS  
HOTEL, MEALS, ETC.****- DIRECT EXPENSE REIMBURSEMENT**

12.b. Amount.

**\$ 757.**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

GEORGE D. ROGERS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)

Name **MOBILIZATION - OPTIMIZATION - STABILIZATION & TRAINING**Trade Name, if any: **MOST**P.O. Box, Bldg., Room No., if any **STE. 800**Street **753 - STATE AVE.**City **KANSAS CITY**State **KS** ZIP Code - 4 **66101**

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code - 4

11.a. Nature of such dealing

**NAUT-MANPOWER RESERVE - WELD TESTING - DRUG TESTING - SAFETY TRAINING - RESPIRATOR FIT, ETC.****JOINTLY TRUSTED**

11.b. Approximate dollar value of such dealing.

**\$ 12M**

12.a. Nature of interest held or income received.

**8/05 TRUSTEE MEETING - OWNER ADVISORY COMM. MEETINGS AIR FARE, HOTEL, MEALS, ETC. - DIRECT EXPENSE REIMBURSEMENT**

12.b. Amount.

**\$ 1621.**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code - 4

14 a. Nature of payment

13 b. Is the Business an Employer or Consultant ?

14 b. Amount of payment

Name of Person Filing <b>GEORGE D. ROGERS</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <b>BOILERMAKERS SOUTHEASTERN AREA</b> <b>JOINT APPRENTICESHIP COMM.</b> Trade Name, if any: <b>SAJAC</b> P.O. Box, Bldg., Room No., if any Street <b>3715-UPPER CREEK DRIVE</b> City <b>RUSKIN</b> State <b>FL.</b> ZIP Code + 4 <b>33573-6840</b>	9. Business deals with <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing <b>AREA APPRENTICESHIP TRAINING</b>  <b>JOINTLY TRUSTED</b>  11.b. Approximate dollar value of such dealing. <b>\$ 3.75M</b> 12.a. Nature of interest held or income received. <b>1/05 - QUARTERLY TRUSTEE MEETING - AIR FARE, HOTEL, MEALS, ETC.</b> <b>- DIRECT EXPENSE REIMBURSEMENT</b> 12.b. Amount. <b>\$ 1974.</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.           
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment

Name of Person Filing

GEORGE D. ROGERS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)

Name **BOILERMAKERS SOUTHEASTERN  
AREA JOINT APPRENTICESHIP COMM.**

Trade Name, if any:

**SAJAC**

P.O. Box, Bldg., Room No., if any

Street **3715-UPPER CREEK DRIVE**City **RUSKIN**State **FL.**ZIP Code + 4 **33573-  
6840**

9. Business deals with

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing

**AREA APPRENTICESHIP TRAINING****JOINTLY TRUSTED**

11.b. Approximate dollar value of such dealing.

**\$3.75M**

12.a. Nature of interest held or income received.

**5/05 - QUARTERLY TRUSTEE  
MEETING - AIRFARE, HOTEL,  
MEALS, ETC.****- DIRECT EXPENSE REIMBURSEMENT**

12.b. Amount.

**\$1127.**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment



Name of Person Filing <b>GEORGE D. ROGERS</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <b>BOILERMAKERS SOUTHEASTERN AREA JOINT APPRENTICESHIP COMM</b> Trade Name, if any: <b>SAJAC</b> P.O. Box, Bldg., Room No., if any Street <b>3715-UPPER CREEK DRIVE</b> City <b>RUSKIN</b> State <b>FL.</b> ZIP Code + 4 <b>33573-6840</b>	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <b>AREA APPRENTICESHIP TRAINING</b>  <b>JOINTLY TRUSTED</b>  11.b. Approximate dollar value of such dealing. <b>\$3.75m</b> 12.a. Nature of interest held or income received. <b>12/05 OPEN HOUSE CEREMONY</b> <b>AIRFARE, HOTEL, MEALS, ETC.</b>  <b>-DIRECT EXPENSE REIMBURSEMENT</b> 12.b. Amount. <b>\$463.</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment

Name of Person Filing	GEORGE D. ROGERS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <b>BROTHERHOOD BANK &amp; TRUST</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <b>756 - MINNESOTA AVE.</b> City <b>KANSAS CITY</b> State <b>KS.</b> ZIP Code + 4 <b>66101</b>		9. Business deals with <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		11.a. Nature of such dealing <b>BANKING SERVICES FOR UNION, MEMBERS, COMMUNITY</b> 11.b. Approximate dollar value of such dealing. <b>\$ 17 M</b> 12.a. Nature of interest held or income received. <b>OWN BANK STOCK SHARES</b> 12.b. Amount. <b>\$ 4900.</b>	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		14.a. Nature of payment	
13.b. Is the Business an Employer or Consultant ?		14.b. Amount of payment	

Name of Person Filing <b>GEORGE D. ROGERS</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>BROTHERHOOD BANK &amp; TRUST</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>7505 - MINNESOTA AVE.</b> City <b>KANSAS CITY</b> State <b>KS.</b> ZIP Code + 4 <b>66101</b>	9. Business deals with  <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c.:s checked give trust or employer's name  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	11.a. Nature of such dealing <div style="text-align: center; font-size: 1.2em;"><b>BANKING SERVICES FOR UNION, MEMBERS, COMMUNITY</b></div>
	11.b. Approximate dollar value of such dealing. <b>\$ 17M</b>
	12.a. Nature of interest held or income received. <div style="text-align: center; font-size: 1.2em;"><b>DIRECTOR'S FEES-2005</b></div>
	12.b. Amount. <b>\$12200.</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BROTHERHOOD BANK & TRUST**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **756-MINNESOTA AVE.**

City **KANSAS CITY**

State **KS.** ZIP Code + 4 **66101**

9. Business deals with.

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing

**BANKING SERVICES FOR  
UNION, MEMBERS, COMMUNITY**

11.b. Approximate dollar value of such dealing.

**\$ 17M**

12.a. Nature of interest held or income received.

**7/05**

**DINNER**

12.b. Amount.

**\$ 35-**

C. Received from any employer (other than a 1 employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment

Name of Person Filing <b>GEORGE D. ROGERS</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>BROTHERHOOD BANK TRUST</b></p> <p>Trade Name, if any:</p> <p>P O Box, Bldg., Room No., if any</p> <p>Street <b>756 - MINNESOTA AVE.</b></p> <p>City <b>KANSAS CITY</b></p> <p>State <b>KS.</b> ZIP Code + 4 <b>66101</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing</p> <p style="text-align: center;"><b>BANKING SERVICES FOR UNION, MEMBERS, COMMUNITY</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>\$ 17 M</b></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;"><b>12/05 XMAS BASKET</b></p> <hr/> <p>12.b. Amount. <b>\$ 140-</b></p>

<p>C. Received from any employer (other than a employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P O Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>     
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>